CAMPAIGN FINANCE REPORT STATE OF WISCONSIN Is This Report an Amendment: ☐ Yes Instructions for completing schedules are on the back of each schedule. **COMMITTEE IDENTIFICATION** FRIENDS FOR BLANEY 3595 VALLEY BROOKE LN GREEN BAY WI 5431 B Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. *NAME OF REPORT* ☐ January Continuing Pre-Primary _____ ☐ Spring ☐ Fall Special July Continuing 2013 Termination Report ☐ Spring ☐ Fall Special ilso complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B **Audited Totals** DISBURSEMENTS This Period Office Use Only Calendar Year-To-Date 1. RECEIPTS 1A. Contributions (Including Loans) from Individuals S \$ S 1B. Contributions from Committees (Transfers-In) \$ S 1C. Other Income and Commercial Loans 8-0-S TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) 2. DISBURSEMENTS 2A. Gross Expenditures \$ 2B. Contributions to Committees (Transfers-Out) S TOTAL DISBURSEMENTS (Add totals from 2A and 2B) CASH SUMMARY Cash Balance Beginning of Report Total Receipts \$ 209729 Subtotal

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer Date:	
KERRIM BLAND,	1 7 Long no Blane Jaytime Phone:	711/13

\$ 2097 29

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Total Disbursements

CASH BALANCE END OF REPORT

LOANS (Balance at the Close of This Period-3B)

INCURRED OBLIGATIONS
(Balance at the Close of This Period-3A)

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of <u></u>
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Complete Committee Name			
FRIGNOS	FOR	BLANGY	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Catendar.	Office Use
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·	CRECOU BRIY WIE	1 2047,27	2.097.24	
	Check if: In-Kind In Loan ID#			
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			Year-To-Date Total	
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Date	Full Name, Mailing Address and Zip Code	Amount	Calendar	Office Use
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	Check if: 🔲 In-Kind 🔲 Loan ID#	·		
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		1	Year-To-Date Total	
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Date	Full Name, Mailing Address and Zip Code	Amount	Calendar	Office Use
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	Check if:]		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar	Office Use
	•	1	Year-To-Date Total	
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· [•			
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1	Check if: ☐ In-Kind ☐ Loan ID#			
	•			
CHE	FOTAL CONTRIBUTIONS (Transfers Out) THIS DACE	2,097,09		Season street of war in a sea

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary Continuing Report due Jan. 31, Spring Fall Special Pre-Election Continuing Report due July 20, 20 Rater & Buebley Name of Candidate or Committee (in full) 32 Lile West State Color (number and street) City, State, Zip	RECEIVED JUL 2013 Sandra L. Juno Brown County Clerk
I certify that the above named committee or candidate did not receive contributions or other incomake disbursements, or incur obligations during the period covered by this report and that the obligations the same as previously reported. This report fulfills filing requirements under \$11.06(9), Stats. Signature of Committee Treasurer or Candidate Date Daytime Phone	eash

Campaign Finance Report Short Form EB-2a State Elections Board			
Spring Fall Special Pre-Primary		Report due Jan. 31,	
Eisenhein for a Name of Candidate or Committee (in full) 843 Dousman Str Address (number and street) 6reen Bay, WT S4 City, State, Zip	ut	Green B	74
I certify that the above named committee or candidate make disbursements, or incur obligations during the pbalance remains the same as previously reported. Th 11.06(9), Stats.	eriod covered by t	his report and that the cash	
Signature of Committee Treasurer or Candidate	Date 7/16/13	Daytime Phone	1338



		46171819203			
	N FINANCE R E OF WISCONS	EPORT IN	27.57 Sp. 10.00		1920 27227324 25262
Is This Report an Amendment: Yes	IX No		600 600		252
Instructions for completing schedules are on the bac	k of each schedule	e.	6	in de la companya de La companya de la co	2/
COMMITTEE IDENTIFICATION			\00 F_0_	Transport	16 16 16 16 16 16 16 16 16 16 16 16 16 1
Name of Committee			130	1531.	-1E0E9
Street Address			OF	FICE U	SE ONLY
Street Address 828 David Drive City, State and Zip Code					
Groen 13ay, WI 54303					
Please check if address is different than previously reported, an	d complete the Camp	aign Registration Sta	tement in the	back of	this form. 🔲
NAME OF REPORT					
January Continuing Pre-Primary	Spring [Fall Spec	ial	Пп	ermination Report
July Continuing 20,3 Pre-Election	Spring [Fall Speci	ial		omplete Schedule 4
					· · · · · · · · · · · · · · · · · · ·
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar		Audited Office U	
1. RECEIPTS		Year-To-Date		21.	
1A. Contributions (Including Loans) from Individuals	\$ 400.00	\$ 400.00	\$		\$
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$	S		\$
1C. Other Income and Commercial Loans	\$ - 3-	\$ - 0 -	S		\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 400.00	\$ 400.00	\$		\$
2. DISBURSEMENTS			T		
2A. Gross Expenditures	\$ 606.54	\$ 606.54	\$		\$
2B. Contributions to Committees (Transfers-Out)	\$ -0	\$ - 0	\$		\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 606.54	\$ 606.54	\$		\$
CASH SUMMARY		· point	 		
Cash Balance Beginning of Report	\$ 346.87		_	\$	
Total Receipts	\$ 400.00	-	-	\$	<u> </u>
Subtotal	\$ 746.87		<u> </u>	\$	
Total Disbursements	\$ 606.54		-	\$	
CASA BALANCE END OF REPORT	\$ 140.33			\$	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -6-			\$	
LOANS (Balance at the Close of This Period-3B)	\$ 2,100.00	<u> </u>		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Gandidate or Treasurer	Date: 7-16-13
	Dy 1.5 lobels, in	
DAY D. TUBBETTS, MO	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Daytime Phone: (920) 494-2263
<u> </u>		

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page	of	

Complete Com	of po hick Evans			
Instructions for	or completing schedules are on the back of ea	ach schedule		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
5131113	Patrick M. Evans 1692 Hoory Ove georn Bay, WI 54303	Of Employment (if year-to-date total exceeds \$100)	·	Year-to-Date Total
2121113	1692 HONNEY COP	consultant Knight consulting group 1692 Mancy OUP Green Boy, WI 54303	400.00	
	2 4 64323	Kning Consulving group	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Green Bay, Wi J. J.	the same and the s	ļ	Office Use
		1692 Maney acop		
Date	Check if: In-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
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				Office Use
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	Check if: In-Kind Conduit Loan			
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)	<u> </u>	Year-to-Date Total
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	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar
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Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)	Airiount	Year-to-Date Total
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Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
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	Charle it. Film Kind FD 0till FD 1			
	Check if: In-Kind Conduit Loan			
-	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 400-	
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 400 00	
	TOTAL	HANTENIZED CONTRIBUTIONS ASS OF LESS	•	
	IOIAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL AGE		20	

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name
Friends of Potrick Evan >

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure 411113 Edward Jon-> 550 N. Millangave Duile 5 Cherling Garage 1 3 ms 900 51-13 green Bry, W1 54303 6-1-13 Check if: 🔲 In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure 613113 Badgerland Printing, Inc Bunner 610 george gove-1 296-46 Mows letter Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Date Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure 6 13113 U.S. Posymas Ye mailing 292.08 14003-12/16 Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use of Person or Business to Whom Payment is Made

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50 N. M. Liftary ave, sury 5

Green By, W. 54303 Expenditure Office 127 111113 900 accoul 3 mos 3-1-13 Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Date Specific Purpose of Amount Office Use Expenditure Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Date Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Date Specific Purpose of Amount Office Use Expenditure Of Person or Business to Whom Payment is Made Date Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure \$ 606 54 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE 606.54 TOTAL ITEMIZED EXPENDITURES IITEMIZED EXPENDITURES \$20 OR LESS \$ 606.54 ***End of Report*** TOTAL EXPENDITURES

Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31, _	
Spring Fall Special Pre-Election	Continuing Report due July 20,	3
Name of Candidate or Committee (in full) Address (number and street)	ok Dr.	
City, State, Zip PUMSK, , L	NI. 54162	
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. Th 11.06(9), Stats.	eriod covered by this report and that the	cash
Signature of Committee freasurer or Candidate	Date Daytime Phone	5-3733
EB-2a (Rev. 9/95) (Reformatted 3/98) (V2K/9/99)	77	.
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GAB ID Number	D Confinuing Report due Jan. 31, D Continuing Report due July 20, 20/3
Campaign Finance Report Short Form GAB-2a Government Accountability Board	D Spring D Fall D Special Pre-Primary D Spring D Fall D Special Pre-Election

BRADLEY A HAR Name of Candidate or Committee (in full)

Address (number and street)

CREEN BAY WES

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone	
Signature of Committee Treasurer or Candidate	Date	Daytime Phone	
Signature of Committee Treasurer	Date	Daytime Phone	
Signature of Committee Treasurer	Date	Daytime Phone	
Signature of Committee Treasurer	Date	Daytime Phone	
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Campaign Finance Report Short Form EB-2a State Elections Board J Spring 🔲 Fall 🔲 Special Continuing Report due Jan. 31, Pre-Primary Continuing Report due July 20, <u>3013</u> ☐ Spring ☐ Fall ☐ Special Pre-Election Sandy Juno 616 Dauphin St. Green Bay, W1 54301 Name of Candidate or Committee (in full) Address (number and street) City, State, Zip I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats. Daytime Phone Signature of Committee Treasurer or Candidate 920.448-4021

EB-2a (Rev. 9/95) (Reformatted 3/92) (Y2K 9/99)



SHORT FORM – Use For "No Activity" Reporting Period

Campaign Finance Report Short Form EB-2a State Elections Board			- 5361718193
Spring Fall Special Pre-Primary	Continuir	ig Report due Jan. 31,	- ANG 16 17 18 19 20 23 2
Spring Fall Special Pre-Election	Continuir	ng Report due July 20, <u>\$</u>	0//00
Name of Candidate or Committee (in full) Full Address (number and street) City, State, Zip Full	inds of Creot vie	ig Report due Jan. 31, ig Report due July 20, _3 KelSO W	JUL 2013 Sendra L. Juno Brown County Clerk
I certify that the above named committee or candidate make disbursements, or incur obligations during the palance remains the same as previously reported. The 11.06(9), Stats.	e did not receive eriod covered by	contributions or other incon this report and that the ca	sh
Signature of Committee Treasurer or Candidate	Date	Daytime Phone	
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	7/11/13.	480 584 3	<u>6</u> 78

Campaign Finance Report Short Form EB-2a State Elections Board	<u>^</u>
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31,
Spring Fall Special Pre-Election	\square Continuing Report due July 20, $20/3$
Name of Candidate or Committee (in full) Address (number and street) 209//	mas Lund Magy Lane
City, State, Zip Graen Say	V WI 543/3
I certify that the above named committee or candidate make disbursements, or incur obligations during the palance remains the same as previously reported. The 11.06(9), Stats.	e did not receive contributions or other income, period covered by this report and that the cash
Signature of Committee Treasurer or Candidate	Date Daytime Phone
	5/15 920 662-2355
EB-2a (Rev. 9/95) (Reformatted 3/98) (425/9/99)	



	GN FINANCE I TE OF WISCON			1617 18 1920 A							
Is This Report an Amendment: Yes	No										
Instructions for completing schedules are on the ba	* 8	le.		RECEIVED							
COMMITTEE IDENTIFICATION			t (è	JUL 2013							
Marcelle for County Cle	u K		Sandra L. Juno Brown County Clerk								
1832 Fiesta Lane		ACE TIZE ONLY									
Green Bay, WI 54	1302		1								
Please check if address is different than previously reported, a	nd complete the Cam	paign Registration St	atement in the	e back of this form.							
NAME OF REPORT											
January Continuing Pre-Primary Pre-Primary	Spring [☐ Fall ☐ Spec	cial								
July Continuing 20/3 Pre-Election	Spring [Fall Spec	ial	Termination Report also complete Schedule 4							
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar		Audited Totals Office Use Only							
1. RECEIPTS		Year-To-Date									
1A. Contributions (Including Loans) from Individuals	\$ 0	\$	\$	S							
1B. Contributions from Committees (Transfers-In)	\$ <i>O</i>	\$	S	S							
IC. Other Income and Commercial Loans	s <i>(</i>)	\$	S	S S S S S S S S S S S S S S S S S S S							
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ D	\$	S	S S S S S S S S S S S S S S S S S S S							
2. DISBURSEMENTS				40 °C							
2A. Gross Expenditures	\$	\$	\$	Section S							
2B. Contributions to Committees (Transfers-Out)	\$ 61854	\$	S	Section 1							
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 61854	\$	S	8							
CASH SUMMARY											
Cash Balance Beginning of Report	\$ 6/8.54			\$							
Total Receipts	\$ 0			\$							
Subtotal	\$ 618,54			\$							
Total Disbursements	\$618,54			\$ 1							
CASH BALANCE END OF REPORT	\$ 0			S							
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$										
LOANS (Balance at the Close of This Period-3B)	s 0			S							
I certify that I have examined this report and to the best of	my knowledge and l	belief it is true, corre	ect and com	olete.							
Type or Print Name of Candidate or Treasurer Sign	ature of Candidate or Trea	surer	Date:	18-2013							
DArlewe K. Marcelle A	Jetlene) X	Morcelle	Daytime Pho	- 18-2013 one: 920 - 468-1191							

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A

omplete Committee Name

DISBURSEMENTS

Gross Expenditures Contributions to Committees

Page 5 of

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Friends of Scott Walker 115 E. State Capital Madison, WI 53702 Check lif. 1 In-Kind Offset 5/25/12 50,00 Full Name, Mailing Address and Zip Code Specific Purpose of Office Use Of Person or Business to Whom Payment is Made Friends of Sandy Juno
Gle Dauphin St.
Check I la la-Kind offset

Full Name Maria 1 Expenditure 1/20/12 200, Nation Full Name, Mailing Address and Zip Code Date Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure Bies for Assembly P.O. BOX 8952 Madison, WIL 53708 Check if In-Kind Offset donation 25,00 Full Name, Mailing Address and Zip Code Date Specific Purpose of Office Use Of Person or Business to Whom Payment is Made Macco for State Senate 10'17'12 25,00 donation 1138 Main St. Green Bay WI 5430/ Check if: In-Kind Offset WI 5430/ Full Name, Mailing Address and Zip Code Date Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure 10:19:12 Macco for State Senate
1138 Main street
Check it: In Kind Offset WT 5430/ 50,00 donation Full Name, Mailing Address and Zip Code Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Ribble for Congress
550 N. Military Ave. Suite 48
Green BAY, WT 54303
Check it | In-Kind Offset donation 35.°° Date Full Name, Mailing Address and Zip Code Specific Purpose of Office Use Of Person or Business to Whom Payment is Made 11613 Friends of Scott Walker
115 E. State Capital
Madison WI 53702
Full Name, Mailing Address and Zip Code donation Specific Purpose of Amount Office Use Of Person or Business to Whom Payment is Made Expenditure Ribble for Congress 550 N. Military Ave Saite 4B Green BAY WI 54303 Check if: in-Kind Offset 25.00 doNation Date Full Name, Mailing Address and Zip Code Specific Purpose of Office Use Of Person or Business to Whom Payment is Made Expenditure 4-23-13 Friends of Scott Walker
115 E. State Capitol
Madison, WI 53702
Checkit. In 16-Kind Offset 50.00 donation SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES **TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** TOTAL EXPENDITURES \$

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page of ____

Complete Committee Name				
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Manaalla	ـ ـ ت م ا	1 2004	/ lank	
$1000CPH\Psi$	101	COUNTY	CIRK	
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Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Amount Calendar Office Use Year-To-Date Total Ave Suite 4R Check if: In-Kind I Loan Full Name, Mailing Address and Zip Code Amount Calendar Office Use Jacque for Assembley Year-To-Date Total Macdi Son Wit 53708 Check if: In-Kind Loan IE Full Name, Mailing Address Date Full Name, Mailing Address and Zip Code Amount Calendar Weininger for Assembly Office Use Year-To-Date Total madison, WI 53708 Check if: In-Kind I Loan Full Name, Mailing Address and Zip Code Date Amount Calendar Office Use Year-To-Date Total 7 - / Check if: In-Kind I Loan Full Name, Mailing Address and Zip Code Date Amount Calendar Office Use Year-To-Date Total 1 - / Check if: In-Kind In Loan Full Name, Mailing Address and Zip Code Date Amount Calendar Office Use Year-To-Date Total Check if: In-Kind I Loan Date Full Name, Mailing Address and Zip Code Amount Calendar Office Use Year-To-Date Total I = ICheck if: In-Kind Loan ID# Date Amount Calendar Office Use Year-To-Date Total I = ICheck if: In-Kind Loan Full Name, Mailing Address and Zip Code Date Amount Calendar Office Use Year-To-Date Total 1 / Check if: n-Kind Loan Date Full Name, Mailing Address and Zip Code Amount Office Use Calendar Year-To-Date Total Check if: 🗓 In-Kind 🔲 Loan SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

TERMINATION REQUEST

Complete Committee Name	for County Clerk	WSEB ID Number								
A committee may term make disbursements or	ninate its registration and reporting requirements if the committee incur obligations, and the cash balance and obligations have been re	will no longer receive contributions, duced to zero.								
Candidates may not ter	minate prior to the election in which they are participating.									
Non-candidate commit for the calendar year.	tees registered with the state must pay the \$100 filing fee if they h	ave over \$2500 in total disbursements								
	nd, if necessary, indicate how residual committee funds have been orgiven. Sign and date the termination request at the bottom of this									
Make sure the terminat	ion box on the cover page of this report is checked.									
 Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted. 										
termination can be gran	nted. All records must be maintained until termination is granted. L FUNDS									
termination can be grandled to the desired termination can be grandl	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-4 AND/OR 2-B.									
termination can be gran	nted. All records must be maintained until termination is granted. L FUNDS	Amount								
termination can be grandled to the desired termination can be grandl	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-4 AND/OR 2-B.									
termination can be grandled to the desired termination can be grandl	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-4 AND/OR 2-B.									
DISPOSAL OF RESIDUA THIS INFORMATION SHO Date LOAN OR DEBT FORGIN	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B. Recipient VENESS	Amount								
DISPOSAL OF RESIDUA THIS INFORMATION SHO Date LOAN OR DEBT FORGIN	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B. Recipient	Amount								
DISPOSAL OF RESIDUA THIS INFORMATION SHO Date LOAN OR DEBT FORGIN I hereby forgive all persona	L FUNDS DULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B. Recipient VENESS al loans or have assumed responsibility for any and all debts of my contains the second of	Amount ampaign committee.								
DISPOSAL OF RESIDUA THIS INFORMATION SHO Date LOAN OR DEBT FORGIN I hereby forgive all persona	L FUNDS DULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B. Recipient VENESS al loans or have assumed responsibility for any and all debts of my contains the second of	Amount ampaign committee.								

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

EB-2 Schedule 4 (Rev. 6/07)

Campaign Finance Report Short Form EB-2a State Elections Board			
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31,		
Spring Fall Special Pre-Election	Continuing Report due July 20,	2013	
Name of Candidate or Committee (in full)	NIHAN COMMITTEE	FOR BETTER	GOVERNMENT
Address (number and street) 2444	BOBCOCK ROAD		
City, State, Zip	Bry, W1 54313		
I certify that the above named committee or candidat make disbursements, or incur obligations during the balance remains the same as previously reported. T 11.06(9), Stats.	period covered by this report and that the	e cash	
Signature of Committee Treasurer or Candidate	Date Daytime Phone 920 490	-5318(w)	
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)			



Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31,
Name of Candidate or Committee (in full) Address (number and street) And Social Soci	y Nicholson Venus Dr. Jeen Bay WI 54311
City, State, Zip	- <u> </u>
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats. Signature of Committee Weasurer or Candidate EB-2a (Rev. 9/95) (Reformated 3/98) (Y2K 9/99)	period covered by this report and that the cash



t e e e e e e e e e e e e e e e e e e e	GN FINANCE I E OF WISCON		1	61810a				
Is This Report an Amendment:	No No							
Instructions for completing schedules are on the ba	ck of each schedu	ıle.		RECEIVED &				
COMMITTEE IDENTIFICATION				JUL 2013				
Name of Committee Cibres for Seble			16	Sandra L. Juno Brown County Clerk				
Street Address 480 Masters Lane	•		To the second	FICE USE CASE				
City, State and Zip Code Green Bay, W7 54311								
Please check if address is different than previously reported, a	nd complete the Cam	paign Registration St	atement in th	e back of this form.				
NAME OF REPORT								
☐ January Continuing ☐ Pre-Primary	Spring	☐ Fall ☐ Spe	cial					
July Continuing 13 Pre-Election	Spring	Fall Spec	cial	Termination Report also complete Schedule 4				
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date		Audited Totals Office Use Only				
1. RECEIPTS	(2 - m)	Tear-To-Date						
1A. Contributions (Including Loans) from Individuals	\$ 3,000.00	\$	S	S				
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	8				
1C. Other Income and Commercial Loans	\$	\$	\$	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	S	\$				
2. DISBURSEMENTS								
2A. Gross Expenditures	\$	\$	\$	\$				
2B. Contributions to Committees (Transfers-Out)	\$	\$	S	S Company				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	S	S				
CASH SUMMARY			·					
Cash Balance Beginning of Report	s 53.99	, v		S				
Total Receipts	\$ 3,000.00							
Subtotal	\$			\$				
Total Disbursements	\$ ~			S .				
CASH BALANCE END OF REPORT	\$ 3 053,99			S				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$							
LOANS (Balance at the Close of This Period-3B)	\$		•	\$				
I certify that I have examined this report and to the best of	f my knowledge and	belief it is true, com	ect and com	plete.				
Type or Print Name of Candidate or Treasurer Sign	nature of Candidate or Tre	easurer	Date:	7-17-13				

Tom 5: ober // May Daytime Phone: 920.680.6361

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

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Page	of	

Complete Committee Name Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 000.00 3,000.00 Office Use Check if: In-Kind Conduit Loan Date Occupation, Name and Address of Principal Place Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind In Conduit In Loan Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind In Conduit In Loan Full Name, Mailing Address and Zip Code Date Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind Conduit Loan Date Occupation, Name and Address of Principal Place Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind Conduit Loan Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind Conduit Loan Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind Conduit Loan Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Office Use Check if: In-Kind I Conduit Loan SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ **TOTAL ITEMIZED CONTRIBUTIONS** \$ ***End of Report*** **TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS** \$ **FAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary Spring Fall Special Pre-Election	Continuing Report due Jan. 31,
STEFFEN FIN Brown C Name of Candidate or Committee (in full) 1593 REOSTONE TRAIL Address (number and street) Houand, DI 54313 City, State, Zip	OUNTY
certify that the above named committee or candidate make disbursements, or incur obligations during the palance remains the same as previously reported. The 11.06(9), Stats.	period covered by this report and that the cash
Signature of Committee Treasurer or Candidate	Date Daytime Phone 7/8/13 920.246.0102
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	



	N FINANCE REPO MITTEES OF WISC	ORT CONSIN	RECEIVED JUL 2013 Sandra L. Juno
Is This Report an Amendment: Yes	∑ No		RECEIVED 3
Instructions for completing schedules are on the ba	JUL 2013		
COMMITTEE IDENTIFICATION		\ <u>\$</u>	Sandra L. Juno
Name of Committee Heckenbach for Brown Co. Street Address	Brown County Clerk		
Street Address 205 MiyaMav Dik, City, State and Zip Code		O'	* CONTRACTOR OF THE PROPERTY O
GreenBay WI 54301			
Please check if address is different than previously reported, a	and complete the Campaign	Registration Statement in	the back of this form.
NAME OF REPORT	•		
January Continuing Pre-Primary	Spring Fal	II Special	☐ Termination Report
July Continuing 2013 Pre-Election	Spring Fa	ll Special	also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$25,950,00	\$	
1B. Contributions from Committees (Transfers-In)	\$ 0,00	\$	
1C. Other Income and Commercial Loans	\$ 0,00	\$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 25,950,00	\$	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 1,525,95	\$	_
2B. Contributions to Committees (Transfers-Out)	\$ 0,00	\$	_
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1525,95	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 22.54		
Total Receipts	\$ 25,950.00		
Subtotal	\$ 25,972,54		
Total Disbursements	\$ 1,525,95		
CASH BALANCE END OF REPORT	\$24,446.59		·
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00		
LOANS (Balance at the Close of This Period-3B)	\$ 5,194.02]	
I certify that I have examined this report and to the best o	f my knowledge and bette	Tipis true, correct and co	omplete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 7/20/13

Daytime Phone: 5440932

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

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	EmployerName	H	Camera Corner					Retired		Fabry Industries/Saranac		Festival Foods	Satellite Receivers Ltd./Cash Depot		American Foods Group				Bellin Health	Leonard & Finco Public Relations			Nicolet Bank	Ω	200	ion, Inc.					Arena Strategy Group
	Occupation Title	54115 Attorney	Vice 54313 President					54304 Retired				CEO	President	54115	ecutive anageme				sident/C	12		Retired		ident		Administrati Transport ve Refrigerat		THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERSON NAMED IN COLUMN ASSESSMENT			SS
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	AddressLine2			٠																											
	Addressline1	1116 Fox River Dr.	891 Richborough Rd.	3831 Willowtree Ln.	5374 Moonlite Dr.	1124 Spring Lake Dr.	2680 Humboldt Rd. Apt. 1	2555 Parkwood Dr.	2064 Allouez Ave.	226 Miramar Or	655 W. Ryan St.	1650 Hawthorne Hieghts Dr.	1740 Cofrin Dr. Suite 2	2117 Lost Dauphin Rd.	2476 Longtail Beach Ln.	PO Box 130	4801 Forest Run Bd. Suite 201	2531 E. Telluride Trail	930 Hickory Ave.	674 East River Dr.	325 St Francis Dr.	1731 Lost Dauphin Rd.	3486 Solitude Rd.	1027 S. Van Buren St	1614 Willar Terr.	101 Cherry St. Unit 406	3621 Glenhaven Ct.	2952 Seafarer Way	201 Rosemont Dr.	3117 Bay View Dr.	726 Meadowbrook Ct.
	FirstName	Julie	Ryan	Thomas	Paul	Susan	Karen	Jere	Chris	Victoria	Daniel	Mark	David	William	Steven			Shari	George			Susan	Robert			David				Bruce	Mark
	LastName/Or ganizationNa me	Van Straten	Chernick	Kolocheski	Koch	Garot	Cowan	Dhein	Schroeder	Fahrv			Charles, Sr.	Sulzmann	Van Lannen	International Union of Operating Engineers	500416 Realtors PAC		Kerwin	Finco	ء	tel	Atwell			Swanson		ے		Bressler	Graul
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	EmpCity	Green Bay		Green bay	Green Bay	Green Bay	Green Bay			Green Bay	Green Bav				Green Bay				-					-							- I	- Carrier		
	EmpAddressLin e1	300 N. Broadway Suite 28	2300 Riverside	or sec 10	417 S. Adams St.	231 S. Adams St.	70 Main St.			2034 Bellevue St.					PO Box 19001																			
	EmployerName	Smet Construction		עספת ונוף, בביר	Wanezek, Jaekels, Law Firm	Law Office of Conway, Olejniczak & Jerry, SC	Mosk Corp DBA Kos Met.	0	100000000000000000000000000000000000000	Lizerscapes Inc.		Wester Assessment of the Control of			WPS																			
	Occupation Title	Constructio n Contractor	54115	Wellager	Attorney	54115 Attorney				54311 Contractor					Director, Governmen t Affairs																	7		
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•	AddressLine2																																	
	AddressLine1	300 N. Broadway Suite 28	2158 Charles St.	1246 Prairie Falcon Trail	417 S. Adams St.	1543 Fox Ridge Ct.	1964 W. Telemark Circ.	2495 Manitowoc Rd.	3027 Autumn Leaves Cir.	2143 Palmer Dr.	712 Terraview Dr.		PO Box 19001	E1754 River Rd.	PO Box 1256	2776 Steamboat Springs Run	4140 Crooked Stick Ct.	398 Waterview Rd.	6685 Anthony Dr	203 Wintercress Dr.	1562 Diamond Ct.	1576 Woodland Dr.	1920 Kettle Creek Ln.	2426 Fillelluist Cil.	1211 Livingston St.	502 Aztalan Dr.	3119 Lineville Rd.	2802 Scotch Pine Trail	1165 Loch Dr.	2932 Hidden Lake Ln.	2789 Newcastle Ct.	1792 Lemon Ln.	N2025 Willow Rd.	3125 Crusade In. 1820 Ridgeway Dr. \$21A
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Conduit		9000018 Schillinger		714 Iron Horse Way	ភ្ជ	аŅ	λ. W	54311					
Conduit		9000018 Schott	t James	996 Thornberry Creek Dr.	o			54155					
-			·		;			Chairman, President &					
Conduit		9000018 Schrock		195 North Harbor Dr. Unit 903	5 (,	60601 CEO	PO Box 19001	Green Bay	54307		
Conduit	- 3	SUCCOUR SMIES		1188 Saint Lawrence Ur.	5	ě		54311					
Conduit		9000018 Sroda		3288 Eiler Rd.	De		-	54115					
Conduit	-T	9000018 Trost		2844 Hillcrest Ct.	ě	П		54313					247
Conduit		9000018 Verbanac	nac Daniel	3363 Maryknoll Ct.	<u>6</u>	Green Bay M	WI 54	54313					
Conduit		9000018 Wanner	er David	3226 Hickory Ridge Ln.	Gr	Green Bay W	WI 54	54311					
Conduit	-~	9000018 Johnson	on Bradley	932 DuChateau Ln.	ř	Green Bay M	WI 54	54304					
Conduit		9000018 Weyers	rs Larry	939 Urbandale Ave.	De		WI 54	54115 Retired					
Conduit		9000018 Wolf		2510 Martha Ave.	Gre	2		54301	-				
Conduit	I	900182 Dervish		778 Stonewood In.	ō	П		54155					
Conduit	?	900182 Griffit		1805 Rainbow Ave	2	Ι.	T	54115					
Conduit		900182 Henrigen		1004 Daint Horse Tr	3 2	i	T	54115					
Conduit	T	900182 Neal		1515 Bradbury Ct.	36	2	T	54313					
Conduit	T	900182 Peters		1511 Polo Bun Ter	Gr			54313	AND ADDRESS OF THE PERSON OF T				
Conduit		900182 Sorrells	Christop	ē	Gre			54311					
Conduit		900182 Strait	Paul		-Gr			54311					
Conduit		900182 Summerside	nerside Paul	2845 Greenbrier Rd.		Green Bay WI		54311					
Conduit		900182 Welsh	Gregory	216 Shelley Ln.	De	[WI 54	54115					
Conduit	Г	900182 Wilkins		2927 Shelter Creek Ct.	a'B	2		54313					
Conduit	Ι	900010 Bunker	-	825 S. Huron Rd. Ste. G	75	i		54311			The second second second second		-
Conduit	£ .	900010 Curren		1385 Wellington Dr.	Sue			54173					
, tingen		Dettman-		1952 W Telemark Cir	2	>	į	54313					
Conduit		900010 Dickson		1407 Bingham Dr.	8	Т	Τ	54115					
Conduit	.≝	900010 Fisk	Thomas	3124 N. Spruce St.	Ap	Appleton W	WI 54	54914					
Conduit	≒	900010 Hilgenberg	berg Philip	2803 Nicolet Dr.	J. Gre	Green Bay M	WI 54	54311					
Conduit	ij	900010 Kaster	r Patricia	2190 Hilltop Dr.	- Gr	Green Bay WI		54313					
Conduit	Ħ	900010 Sewell	i Michael	2662 Maple Hills Dr.	90	Green Bay WI		54313			-		
Conduit	.=	900010 Swick	Scott	N7170 Winnebago Dr.	Ā	Fond du Lac WI		54935				•	
Conduit	Ħ	900010 Yaeger	_	2101 River Point Ct.	De	De Pere W	WI 54	54115					
_		Ne much	Ne Grand	DO 800 23300	į į	V. veB coop	75 (M	54305 Attorney	Conway, Olejniczak 231 South		M	54301	
-	1	3		TO DOX 23200	5		Ť	משונים ווכא		-	144	1001	
_		Arendt	lt Virginia	N9495 County Hwy U	ច	Green Bay M	75 [M	54313					
		Streck	nbach	3905 County Rd. II Lot 1	je j	\neg		54947					
	П	Ullmer	r Lois	420 Roselawn Blvd.	Ď	à		54301					
		Gannon	on Kevin	2870 Dream Lake Rd.	8	De Pere W	MI 52	54115 Requested					
٠		Boilermak Local 107	Boilermakers Local 107										
PAC	\neg	501397 State PAC	PAC	3185 Gateway Rd. Ste. 200	Br	Brookfield	WI 53	53045					

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	ContribAm	ContribAm ContrYTDa	Contri	Contri Contribu		LastName/Or ganizationNa		A A A A A A A A A A A A A A A A A A A				ŏ	Occupation		EmpAddressLin			
ContribDate	ount	mount	Ыуре	torType	bType torType Conduit_ID i	E E	FirstName /	Addressline1	AddressLine2 O	City	State	Zip Tit	Title	EmployerName	e1	EmpCity	EmpState	EmpZip
				William -		Northeast												
						Wisconsin												
						Building &				. ***								
						Construction						_						
6/20/2013	900	600 M		PAC:	501360	501360 Trades Concil	•	2828 N. Ballard Rd.	1	Appleton	3	54911						
6/20/2013	1000	1000 M	Σ	_		Frigo Fi	Fran 1	1245 Outward Ave.	I	De Pere	W	54115 Retired	tired					
															400 S.			
6/20/2013	1000	1000 M	Σ	_		Dickman C	Craig 2	2914 Westline Rd.		Green Bay	₹	54313 President		Breakthrough Fuel Washington St.	Washington St.	₹	54301	
															2300 Lineville			
6/20/2013	1000	1000 M	Σ		-	Noeldner Je	Jeffrey ⁴	4302 Sawgrass Ct.	5	Oneida	₹	54155 Developer		Midwest Expansion Rd.	Rd.	W	54313	
6/20/2013	1000	1000 M	Σ			Streckenbach Donna		1454 Avondale Dr.		Green Bay	₹	54313						
															2200 Riverside			
6/20/2013	1000	1000 M	Σ	_		Young D	Dan 1	1049 Moraine Way Apt. 7	9	Green Bay	W	54303 CPA,CVA		Schenck	Dr.	wi	54301	
															200 S.			
						*****						Σ	M&A	Cornerstone	Washington St.			
6/20/2013	125	125 M	Σ	_	_	Bushkie S	Scott 1	125 Arrowhead Dr.	y	Green Bay	3	54301 Advisor		Business Services	Ste, 205	Wſ	54301	
6/25/2013	250	250 M	Σ	_	, ,	Zacharias To	Tod	5630 County Rd. BB	9	Gillett	₹	54124						
6/29/2013	100	100 M	Σ		-,	Schinkten Jo	Joe s	936 Lawton Place	ור	De Pere	<u>×</u>	54115		1				

e Comments				Foot for Davbal
seCa Expense Purpose	FF8	PCP	POST	۲
ExpenseAmount tegory	\$1,144.16 MO	\$26.38 MO	\$174.91 MO	\$180 50 MAC
ExpenditureDate Ex	6/30/2013	6/30/2013	6/30/2013	6/30/2013
Zīp	54303	54301	54301	
State	M	₹	×	5
City	Green Bay WI	Green Bay	Green Bay	٠
MiddieName AddressLine? AddressLine2	1951 Bond St.	401 N. Quincy St.	205 Miramar	
nes FirstName			Troy	
LastName/Busir GAB_ID sName	Rock Garden	Kuehn Printing	Streckenbach	PavPai
PayeeType GAE	60	B	Ś	œ

Comments	-			Fees for PayPal
eCa Expense Purpose	FFB	PCP	POST	ည္ထ
Expens penseAmount tegory	\$1,144.16 MO	\$26.38 MO	\$174.91 MO	\$180.50 MO
ExpenditureDate Ex	6/30/2013	6/30/2013	6/30/2013	6/30/2013
dz	54303	54301	54301	
State	M	₹	M	క
City	Green Bay	Green Bay	Green Bay	
MiddleName AddressLine1 AddressLine2	1951 Bond St.	401 N. Quincy St.	205 Miramar	
FirstName			Troy	
LastName/Busines Type GAB_ID sName	Rock Garden	Kuehn Printing	Streckenbach	PayPal '
PayeeType (В	8	S	œ

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary Continuing Report due Jan. 31, Spring Fall Special Pre-Election Continuing Report due July 20, 2	
Friends of VanderLeest Name of Candidate or Committee (in full) H22 blich tree by Address (number and street) Liven Bay WI SY304	Souther This South Company Com
City, State, Zip I certify that the above named committee or candidate did not receive contributions or other inc make disbursements, or incur obligations during the period covered by this report and that the balance remains the same as previously reported. This report fulfills filling requirements under 11.06(9), Stats.	ome, eash
Signature of Committee Treasurer or Candidate Date Daytime Phone 7/16/13 930-737-	-0977

	GN FINANCE F TE OF WISCONS			
Instructions for completing schedules are on the b	ack of each schedu	le.		June 2013
COMMITTEE IDENTIFICATION Number of Committee				June
/ JERRY VANDERS			18	3 /
Street Address 1873 HARBOR L City, State and Zip Code GREEN BAY WI	19HTS P.	CRO	19	SISOS ON THE
Please check if address is different than previously reported,	and complete the Cam	paign Registration St	atement in th	e back of this form.
NAME OF REPORT				
☐ January Continuing ☐ Pre-Primary	Spring [☐ Fall ☐ Spe	cial	Termination Report
July Continuing 2012 Pre-Election	Spring	Fall Spec	cial	also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar		Audited Totals Office Use Only
1. RECEIPTS		Year-To-Date		200
IA. Contributions (Including Loans) from Individuals	\$	\$	\$	S
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
IC. Other Income and Commercial Loans	\$,	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s Ø	\$	\$	\$
2. DISBURSEMENTS	/			
2A. Gross Expenditures	\$	\$	\$	\$ 1
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	Ś
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s (1)	s	s	S
CASH SUMMARY	4			
Cash Balance Beginning of Report	s ()			ges and electrical
	s (1)	1	-	C State of the sta
Total Receipts	ch	1	4	
Subtotal	\$ <i>Q</i>	-		C
Total Disbursements	1	-		S 16
CASH BALANCE END OF REPORT	\$ <i>(</i>	-		3
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			S
LOANS (Balance at the Close of This Period-3B)	\$		•	S
I certify that I have examined this report and to the best of	of my knowledge and	– helief it is true cor	rect and cov	nnlete.
	gnature of Candidate or Tre		Date:	11113

JERRY VANDERS (EEN X Clerry Vanderstein Daytime Phone:

The information on this form is required by ss.11.06, 11.20, Wis. Stats—Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

TERMINATION REQUEST

Comple	te Committee Name	VALIDE	05 TE1	3N .	
1 5	JENNY	Yronde			

WSEB ID Number	
•	-

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

	LUDED ON SCHEDULE 2-A AND/OR	→ 12.	
Date	Recipient		Amount
			(/)
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	y campaign com	
Endorser, Guarantor, or Creditor		Amount
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		,
-	Endorser, Guarantor, or Creditor	Endorser, Guarantor, or Creditor

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

6/1/13

EB-2 Schedule 4 (Rev. 6/07)

End of Report

Inderstein

·	N FINANCE REPO MITTEES OF WISC	RT ONSIN	RECEIVED JUL 2013
Is This Report an Amendment:	⊠ No	<i> \&</i> `	RECEIVED
Instructions for completing schedules are on the ba	ick of each schedule.		JUL 2013 8
COMMITTEE IDENTIFICATION			Sandia L. Julio 💆 🗸
Name of Committee Citizens for Williamette Street Address	•		Brown County Clerk
719 Fredrick C+ Apt	6		
Given Bay WI 5	4313		•
Please check if address is different than previously reported, a	and complete the Campaign l	Registration Statement in t	he back of this form.
NAME OF REPORT			
January Continuing Pre-Primary	Spring Fall	Special	☐ Termination Report
July Continuing 2013 Pre-Election	Spring Fal	I Special	also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$	
IB. Contributions from Committees (Transfers-In)	\$	\$	
IC. Other Income and Commercial Loans	\$ 0.29	\$ 6.89	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 6.29	\$ 0.89	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$	\$	
2B. Contributions to Committees (Transfers-Out)	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 586.25		
Total Receipts	\$. 29	. '	
Subtotal	\$ 586.54	·	¹ Nec.
Total Disbursements	\$ 0		
CASH BALANCE END OF REPORT	\$ 586.54		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s <i>O</i>		
LOANS (Balance at the Close of This Period-3B)	s O		
I certify that I have examined this report and to the best o	f mv knowledge and helief	it is true. correct and cor	nplete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 7-12-2013
	1/1-4/11/1-11	• • •
Cathy Willia note Lindsay	With byent film	Daytime Phone: 920-448-4469

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page	1	of I	
raye.		VI I	

Complete Committee Name			
aticens for	Willia	notto	•
,			
Instructions for completing schedu	les are on the	back of each	schedule.

Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
, ,	of Source of Income		·
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· · · · · · · · · · · · · · · · · · ·			
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
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Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
	of Source of Income		
1 1			
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Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
	of Source of Income	Type of income	VIIIonii
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Date	Full Name Mailing Address and Zin Code	Tues of leasures	Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Ambunt
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. D-t- ·	Cit Name Market Address 17: 0		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
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	_		, i
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D-4-	5.031 M-W A-1		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
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<u>.</u>			
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
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Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
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_ / /			
•		,	
Date	Full Name, Mailing Address and Zip Code	Type of Income	. Amount
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7	k**	End	to t	Re	po	rt**
•	***	=nc	to k	Re	po	rt**

SUBTOTAL	OTHER	INCOME	THIS	PAGE

TOTAL ITEMIZED OTHER INCOME \$

AL UNITEMIZED OTHER INCOME \$20 OR LESS \$ • 29

TOTAL OTHER INCOME \$. 29

	ON FINANCE REPO MITTEES OF WISC	1 1/0	\$189107772273 A 250227330 C 2003 S 31				
Is This Report an Amendment:	No						
Instructions for completing schedules are on the ba	ack of each schedule.						
COMMITTEE IDENTIFICATION Seeda L. Junio							
Name of Committee J ASON WISNESKI For J Street Address	Braun County Sup	ensor E	Brown County Clock				
PO BOX 25242 City, State and Zip Code							
Geen Bon WIT	T4324						
Please check if address is different than previously reported,	and complete the Campaign	Registration Statement in	the back of this form.				
NAME OF REPORT							
January Continuing Pre-Primary	Spring Fal	I Special .					
July Continuing 30/3 Pre-Election	Spring Fa	II Special	Termination Report also complete Schedule 4				
SUMMARY OF RECEIPTS AND							
DISBURSEMENTS	Column A This Period	Column B Calendar	,				
1, RECEIPTS		Year-To-Date					
IA. Contributions (Including Loans) from Individuals	\$ 550.60	\$					
1B. Contributions from Committees (Transfers-In)	\$ —	\$	<u>.</u>				
1C. Other Income and Commercial Loans	\$	\$					
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 550.00	\$					
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 230.56	\$					
2B. Contributions to Committees (Transfers-Out)	\$	\$.					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 230.56	\$					
CASH SUMMARY	· ·						
Cash Balance Beginning of Report	s —						
Total Receipts	\$ 550.00	·					
Subtotal	\$ 550.00						
Total Disbursements	\$ 230.56		• •				
CASH BALANCE END OF REPORT	\$ 319.44		·				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$,	· .				
LOANS (Balance at the Close of This Period-3B)	\$]					
I certify that I have examined this report and to the best o	f my knowledge and belief	it is true, correct and co	omplete.				

NOTE: The information on this form is required by ss.1106, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of

Signature of Candidate or Treasurer

Type or Print Name of Candidate or Treasurer

ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page	٥f		
гаус	 U		

\$ 550,00

Complete Committee Name JASON WISNESKI for Braun Gunty Supervisor Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 61/81/3 50.00 JASON CHARLES Check if: [1] In-Kind [1] Loan Conduit
Full Name, Mailing Address and Zip Code Conduit Name: Date Occupation, Name and Address of Principal Place Calendar 100.00 Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Anne Podgurski 519113 5 New York Blud. Edison, NJ 08830 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar 613/13 JASON WISNESKI Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total TW Insurance & Wotary (Self-employed agent) 3281 Peters on Rd. 250.00 Freen Bay WI 54311 PO BOX 28242 WI 54324 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Amount Calendar. Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 6,2613 JASON WISKESK! W Insuranced Notary Self-employed agout 150.00 3281 Peterson Rd Green Bay WIF54311 Conduit Name: Green Boy WIF 54324 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Date Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1 - 1 Check if: In-Kind Loan Conduit Conduit Name: Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Check if: I In-Kind Loan Conduit Date Full Name, Mailing Address and Zip Code Calendar Occupation, Name and Address of Principal Place Amount Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Check if: In-Kind Loan Conduit Conduit Name: Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Check if: In-Kind I Loan Conduit Conduit Name: \$ 550.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 550.00 TOTAL ITEMIZED CONTRIBUTIONS 0.00 **TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page	 of	

Complete Committee Name ASON WISMESKI For Brown County Supervisor instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Marketing \$107.66 515113 VISTAPRINT www.vistaprinticom expenses Check if: In-Kind Offset
Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made 76.43 5 12/13 marketing VISTAPRINT expenses Check if: In-Kind Offset
Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount marketing 6,19,13 30.90 Arizona Cap Company 6353 Nugget Pakh Tr expenses Check if: 1 In-Kind Offset Prescott AZ 86303 Full Name, Mailing Address and Zip Code Date Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Campaign Account 613113 \$15.57 Fox Communities GeditUnian 2170 S. Ashland Ave, check order Check if: 1 In-Kind Offset Green Ban WIT 5430 Full Name, Mailing Address and Zip Code Date Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Check if: In-Kind Offset Amount Date Full Name, Mailing Address and Zlp Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made Check if: n-Kind Offset

Full Name, Mailing Address and Zip Code Amount Date Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Check if: | In-Kind Offset \$ 230.56 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES W90105000 TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS ***End of Report*** 230,56 TOTAL EXPENDITURES | \$

	IGN FINANCE REPO MMITTEES OF WISC		18 1803123 N
Is This Report an Amendment: Yes	No No		12 TE
Instructions for completing schedules are on the	, ,		RECEIVED 252622
COMMITTEE IDENTIFICATION		122	2013
Name of Committee		12.1.2.	, hino ASE
Street Address 864 Pinecres + Rd			Sandra Loundy Clerk PROVIN County Clerk PEICE USE O
City, State and Zip Code, GREEN BRY WI 5	4313		
Please check if address is different than previously reported	d, and complete the Campaign	Registration Statement in t	the back of this form. 🔲
NAME OF REPORT			
January Continuing Pre-Primary Pre-Primary	Spring Fal	Special	X Termination Report
July Continuing 2013 Pre-Election	Spring Fal	l Special	also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$	
1B. Contributions from Committees (Transfers-In)	\$	\$	
1C. Other Income and Commercial Loans	\$	\$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	
2. DISBURSEMENTS]
2A. Gross Expenditures	\$ 163.06	\$	
2B. Contributions to Committees (Transfers-Out)	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 163.06	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	s 163,06		- .
Total Receipts	\$		
Subtotal	\$ 163.06	i i i i i i i i i i i i i i i i i i i	
Total Disbursements	\$ 163,06		
CASH BALANCE END OF REPORT	s 0 -	•	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$		
LOANS (Balance at the Close of This Period-3B)	s <u> </u>		
I certify that I have examined this report and to the bes	t of my knowledge and belief	it is true, correct and co	mplete.
Type or Print Name of Candidate or Treasurer S	ignature/of/Candidate or Treasurer	Date:	11/12

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name	١.		4	. 8			 	,
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Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/1/13	Of Person of Business to Whom Payment is Made	Notice Gundies	1.1.0
	Ottice Mark	1 of live supplies	# 28.65
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		TOTAL ITEMIZED EXPENDITURES	\$ 193,06
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SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name	
lise Wilson	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or
 obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUA	L FUNDS DULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.		
Date	Recipient		Amount
		·	

LOAN OR DEBT FORGIV I hereby forgive all persona	umed responsibility fo	or any and a	ll debts of my campaig	n committee.	
Date	Endorser, Guarantor, or Creditor			Amount	
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		:	<u> </u>		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Hesi Yellson

Date

Signature of Candidate or Treasurer